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FILED VIA ECFS

Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, DC 20554

**RE: Form 481 – Carrier Annual Reporting Data Collection Form
WC Dockets No. 10-90 and 11-42**

Dear Ms. Dortch:

Pursuant to sections 54.313(i) and 54.422(c) of the Commission's Rules¹ and the Commission's *Public Notice* in this proceeding,² Iowa Wireless Services, L.P. ("the Company") hereby submits a copy of its "FCC Form 481 – Carrier Annual Reporting Data Collection Form," which was timely filed with the Universal Service Administrative Company and the appropriate state commission on or before October 15, 2013.

Due to temporary closure of the Commission's filing window, mail room, and electronic filing systems beginning October 1, 2013, this filing is being submitted on the business day following the day of return to normal operations in accordance with the Commission's Public Notice on filing procedures in the event of a lapse in funding.³ If you have any questions regarding these matters, please contact undersigned counsel.

Respectfully submitted,


Gerard J. Duffy

¹ 47 CFR §§54.313 and 54.422.

² *Wireline Competition Bureau Announces Filing Deadline of October 15, 2013 for Eligible Telecommunications Carriers to File High-Cost and Low-Income Annual Reports*, PUBLIC NOTICE, WC Dockets No. 10-90 and 11-42, DA 13-1707, released August 6, 2013.

³ *Procedures for Filings in the Event of a Lapse in Funding*, PUBLIC NOTICE, released October 1, 2013.

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	359027
<015> Study Area Name	IOWA WIRELESS SERVICES, L.P.
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Shirlee Hallman
<035> Contact Telephone Number: Number of the person identified in data line <030>	515-258-7809
<039> Contact Email Address: Email of the person identified in data line <030>	shirlee.hallman@iwireless.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete)		
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0			
<420> Mobile	0.0			
<430> Number of Complaints per 1,000 customers (broadband)				
<440> Fixed				
<450> Mobile				
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> Service Quality Standards & Cg	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> Emergency Policy	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <input checked="" type="checkbox"/>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	359027
<015>	Study Area Name	IOWA WIRELESS SERVICES, L.P.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Shirlee Hallman
<035>	Contact Telephone Number - Number of person identified in data line <030>	515-258-7509
<039>	Contact Email Address - Email Address of person identified in data line <030>	shirlee.hallman@iwireless.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>
	If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<010>	Study Area Code	359027
<015>	Study Area Name	IOWA WIRELESS SERVICES, L.P.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Shirlee Hallman
<035>	Contact Telephone Number - Number of person identified in data line <030>	515-258-7509
<039>	Contact Email Address - Email Address of person identified in data line <030>	shirlee.hallman@iwireless.com

[illegible]

<010>	Study Area Code	359027
<015>	Study Area Name	IOWA WIRELESS SERVICES, L.P.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Shirlee Hallman
<035>	Contact Telephone Number - Number of person identified in data line <030>	515-258-7509
<039>	Contact Email Address - Email Address of person identified in data line <030>	shirlee.hallman@iwireless.com

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

[illegible]

<010>	Study Area Code	339027
<015>	Study Area Name	IOWA WIRELESS SERVICES, L.P.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Shirlee Hallman
<035>	Contact Telephone Number - Number of person identified in data line <030>	\$15-258-7509
<039>	Contact Email Address - Email Address of person identified in data line <030>	shirlee.hallman@iwireless.com

[illegible]

(800) Operating Companies
Data Collection Form
FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	359027
<015>	Study Area Name	IOWA WIRELESS SERVICES, L.P.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Shirlee Hallman
<035>	Contact Telephone Number - Number of person identified in data line <030>	515-258-7509
<039>	Contact Email Address - Email Address of person identified in data line <030>	shirlee.hallman@iwireless.com
<810>	Reporting Carrier	Iowa Wireless Services, LLC
<811>	Holding Company	
<812>	Operating Company	Iowa Wireless Services, LLC

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	359027
<015>	Study Area Name	IOWA WIRELESS SERVICES, L.P.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Shirlee Hallman
<035>	Contact Telephone Number - Number of person identified in data line <030>	515-258-7509
<039>	Contact Email Address - Email Address of person identified in data line <030>	shirlee.hallman@iwireless.com
<910>	Tribal Land(s) on which ETC Serves	

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- | Select
(Yes, No,
NA) |
|--|
| <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions; |
| <922> Feasibility and sustainability planning; |
| <923> Marketing services in a culturally sensitive manner; |
| <924> Compliance with Rights of way processes |
| <925> Compliance with Land Use permitting requirements |
| <926> Compliance with Facilities Siting rules |
| <927> Compliance with Environmental Review processes |
| <928> Compliance with Cultural Preservation review processes |
| <929> Compliance with Tribal Business and Licensing requirements. |

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	359027
<015>	Study Area Name	IOWA WIRELESS SERVICES, L.P.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Shirlee Hallman
<035>	Contact Telephone Number - Number of person identified in data line <030>	515-258-7509
<039>	Contact Email Address - Email Address of person identified in data line <030>	shirlee.hallman@iwireless.com

Please check this box to confirm no terrestrial backhaul
<1120> options exist within the supported area pursuant to § 54.313(G)



Please check this box to confirm the reporting carrier offers
<1130> broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G)



(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	359027
<015>	Study Area Name	IOWA WIRELESS SERVICES, L.P.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Shirlee Hallman
<035>	Contact Telephone Number - Number of person identified in data line <030>	515-258-7509
<039>	Contact Email Address - Email Address of person identified in data line <030>	shirlee.hallman@iwireless.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP https://www.iwireless.com/customer_support-lifeline.asp

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support; carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	359027
<015>	Study Area Name	IOWA WIRELESS SERVICES, L.P.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Shirlee Hallman
<035>	Contact Telephone Number - Number of person identified in data line <030>	515-258-7509
<039>	Contact Email Address - Email Address of person identified in data line <030>	shirlee.hallman@iwireless.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
 <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐
☐

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Certification
 <2013> 2014 Frozen Support Certification
 <2014> 2015 Frozen Support Certification
 <2015> 2016 and future Frozen Support Certification

☐
☐
☐
☐

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband

☐

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
 <2021> Interim Progress Community Anchor Institutions

☐
☐
☐
☐

Name of Attached Document Listing Required Information

(3000) Rate of Return Carrier Additional Documentation Data Collection Form		ICC Form 483 OMB Control No. 3050-0865 OMB Control No. 3050-0819 July 2013	
<010> Study Area Code	359027		
<015> Study Area Name	IOWA WIRELESS SERVICES, L.P.		
<020> Program Year	2014		
<030> Contact Name	Shirley Ballman		
<035> Contact Telephone Number - Number of person identified in data line <030>	515-258-7509		
<035> Contact Email Address - Email Address of person identified in data line <030>	shirley.ballman@iowawireless.com		

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.313(i)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(i)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010) Milestone Certification [47 CFR § 54.313(i)(1)(i)]

Please check this box to confirm that the attached PDF, on line 3012,

(3011) contains the required information pursuant to § 54.313 (i)(1)(i), as a recipient of CCF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions [47 CFR § 54.313(i)(1)(ii)]

is your company a Privately Held ROR Carrier (47 CFR § 54.313(i)(2)) If yes, does your company file the RUS annual report

(3014) Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(i)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

(3018) If the response is no on line 3014, is your company audited?

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(i)(2), contains

(3019) Either a copy of their audited financial statements or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(i)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Using Required Information

Name of Attached Document Using Required Information

Name of Attached Document Listing Required Information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	359027
<015> Study Area Name	IOWA WIRELESS SERVICES, L.P.
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Shirlee Hallman
<035> Contact Telephone Number - Number of person identified in data line <030>	515-258-7509
<039> Contact Email Address - Email Address of person identified in data line <030>	shirlee.hallman@iwireless.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	IOWA WIRELESS SERVICES, L.P.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 10/15/2013
Printed name of Authorized Officer:	David Frost
Title or position of Authorized Officer:	CFO
Telephone number of Authorized Officer:	515-258-7000
Study Area Code of Reporting Carrier:	359027 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Iowa Wireless Services, LLC
SAC 359027
Service Policy Standards and Consumer Protection Rules

The Company complies with applicable federal and Iowa service quality standards and consumer protection rules with respect to its basic voice services and Lifeline services, including requirements regarding contractual terms and conditions, lists of features and services, deposits, billing periods, late payment fees, disconnection and reconnection.

Iowa Wireless Services, LLC
SAC 359027
Emergency Policy

The Company has examined the ability of its network to remain functional in the event of the occurrence of the types of emergency situations likely to impact its service area such as severe snow and ice storms. On the basis of its risk assessments, the Company has determined that it has available a reasonable amount of back-up power to ensure the functionality of its affected cell sites for at least 8 hours without an external power source. The Company also has concluded from its risk assessments that its network has reasonable and sufficient options for routing traffic around the facilities most likely to be damaged in the relevant emergencies, and that its network has sufficient capacity to manage most traffic spikes resulting from such emergencies